

07 C 6223

**JUDGE DARRAH
MAGISTRATE JUDGE SCHENKIER**

**Exhibit “A”
Illinois Traffic Crash Report**

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAG	/	PEDV	TRED	TRFC	WEAT	DRVA	VEND	LIGHT	COLL	MANY	PDA	PPL
U1	U2	1	3	4	1	1	1	1	1	1	1	9

ILLINOIS STATE POLICE

INVESTIGATING AGENCY

ADDRESS NO.

HIGHWAY OR STREET NAME

(CIRCLE) AT INTERSECTION WITH

(NAME OF INTERSECTION OR ROAD FEATURE)

NAME (LAST, FIRST, M.I.)

STREET ADDRESS

CITY

TELEPHONE

TAKEN TO

EMS AGENCY

NAME (LAST, FIRST, M.I.)

STREET ADDRESS

CITY

TELEPHONE

TAKEN TO

EMS AGENCY

(UNIT) (SEAT)

(DOD)

(SEX) (SAFT) (AIR) (INJ) (CT)

NAME (LAST, FIRST, M.I.)

6683564		DIAGRAM I-90 N/B 500 FEET SOUTH OF MADISON ST.	COMMERCIAL VEHICLE	UNIT NO. <u>2</u>
		CARRIER NAME <u>WESTERN EXPRESS</u>	SOURCE	<input type="checkbox"/> Side of truck <input checked="" type="checkbox"/> Papers <input type="checkbox"/> Driver <input type="checkbox"/> Log Book
		ADDRESS <u>7135 CENTENNIAL PL</u>	STATE NAME	<input type="checkbox"/> None
		CITY <u>NASHVILLE, TN</u>	STATE ZIP	
		ID NUMBER <u>511412</u>	GWR <u>80,000</u>	
		US DOT <u>ICCMC</u>	ICCMC	
		or State No.	State Name	<input type="checkbox"/> None
		HAZARDOUS MATERIALS: <u>NO</u>	PLACARDED?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If Yes: 4-Digits _____	1-Digit _____ or Name	
		Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
		Violation of HAZMAT regs. contribute to crash?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
		Violation of MCS regs. contribute to crash?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
		Inspection form completed?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
		- HAZMAT <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Out of Service? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
		- MCS <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Out of Service? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
		IDOT PERMIT #	WIDE LOAD <input type="checkbox"/>	
		TRAILER WIDTH(S) <u>0'-0"</u> <u>97'-102"</u> <u>Over 102"</u>	TRAILER LENGTH(S)-H <u>53'</u>	VEHICLE LENGTH (TOTAL) H <u>18'</u>
		Trailer 1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Trailer 1 <u>53'</u>	NO. OF AXLES <u>5</u>
		Trailer 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Trailer 2 <u>—</u>	
		<input checked="" type="checkbox"/> IN CITY OF / <input type="checkbox"/> NEAREST CITY: <u>CHICAGO</u>	Miles N E S W of: <u>0</u>	(Circle)
		INSERT APPLICABLE NUMBERS FROM BACK OF TEMPLATE TWO		
		VEHICLE CONFIGURATION <u>2</u>	LOAD TYPE <u>S</u>	
		COMMERCIAL VEHICLE	UNIT NO. <u>2</u>	
		CARRIER NAME	SOURCE	
		ADDRESS	Side of truck <input type="checkbox"/> Papers <input type="checkbox"/> Driver <input type="checkbox"/> Log Book	
		CITY	State Name <u>None</u>	
		ID NUMBER	ICCMC	
		US DOT	State Name <u>None</u>	
		HAZARDOUS MATERIALS:	PLACARDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If Yes: 4-Digits _____	1-Digit _____ or Name	
		Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
		Violation of HAZMAT regs. contribute to crash?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
		Violation of MCS regs. contribute to crash?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
		Inspection form completed?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
		- HAZMAT <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Out of Service? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
		- MCS <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Out of Service? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
		IDOT PERMIT #	WIDE LOAD <input type="checkbox"/>	
		ST TRAILER WIDTH(S) <u>0'-0"</u> <u>97'-102"</u> <u>Over 102"</u>	TRAILER LENGTH(S)-H <u>—</u>	VEHICLE LENGTH (TOTAL) H <u>—</u>
		Trailer 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Trailer 1 <u>—</u>	NO. OF AXLES <u>—</u>
		Trailer 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Trailer 2 <u>—</u>	
		<input type="checkbox"/> IN CITY OF / <input type="checkbox"/> NEAREST CITY: <u>—</u>	Miles N E S W of: <u>—</u>	(Circle)
		INSERT APPLICABLE NUMBERS FROM BACK OF TEMPLATE TWO		
		VEHICLE CONFIGURATION <u>—</u>	CARGO BODY TYPE <u>—</u>	LOAD TYPE <u>—</u>
LOCAL USE ONLY				
UT Color <u>BLACK</u>		UT Color <u>REY</u>		
UT loaded by <u>10</u>		UT loaded by <u>10</u>		
S/T Towing <u>3325 Knox CH60 10641</u>				